MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 12472 HEACTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY L o. COUNTY o. STATE 7-507-01 MARYLAND deloy b. CITY OR TOWN (If outside corporate limits, ¿ LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deportmen pug P.M3. write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC farm ON A FARM? pencil in Item 18. Give Pages 1, NO X YES be executed within 24 hours ofter deoth. Chief Medical Examiner's Office olong with NAME OF First DATE Year Month Doy DECEASED OF DEATH ihe (Type or print AGE S. SEX DATE OF BIRTH (In years 6. COLOR OR RACE NEVER MARRIED birthdoy) Months Doys Hours death: 6/28/1905 DIVORCED WIDOWED and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT U.S during most of working life, even if retired) INDUSTRY hours after Bel Air. Maryland Drug Pharmacist 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME File Theodore Archer Bessie E. Wann 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Box 143 (Yes, no, or unknown) (If yes give wor or dotes of service within 7-01-8162 Theodore Archer Sr. White Ha No 21161 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH buriol-fransit event This certificate should writing the word DUE TO **Sun** Conditions, if any, which gove 0 rise to immediate cause (a). E DUE TO stoting the underlying couse 0 forwarded Inst 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ur removol, please execute the certificate, NO X 20p. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I 4 should AL EXAMINER: CAUSE OF DEATH. cremotian, 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) While Not While moy be retoined for your FUNERAL DIRECTOR: Page of work ot work Inquiry . 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Natural causes Suicide [ funeral director. death resulted fram: Accident Hamicide Undetermined manner 22. DATE SIGNED Hillofth prior O DEPUTY necessory, DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) 0 Burial (Specify) Bethel Madonna. Maryland 250. REC'D BY REGISTRAP 367 256. POPULAR SELECTION OF THE PROPERTY OF THE PROP 24. FUNERAL DIRECTOR VR ATSME ( Jarrettsville. Md. E. Kurtz Charles 6M 1/67 21084

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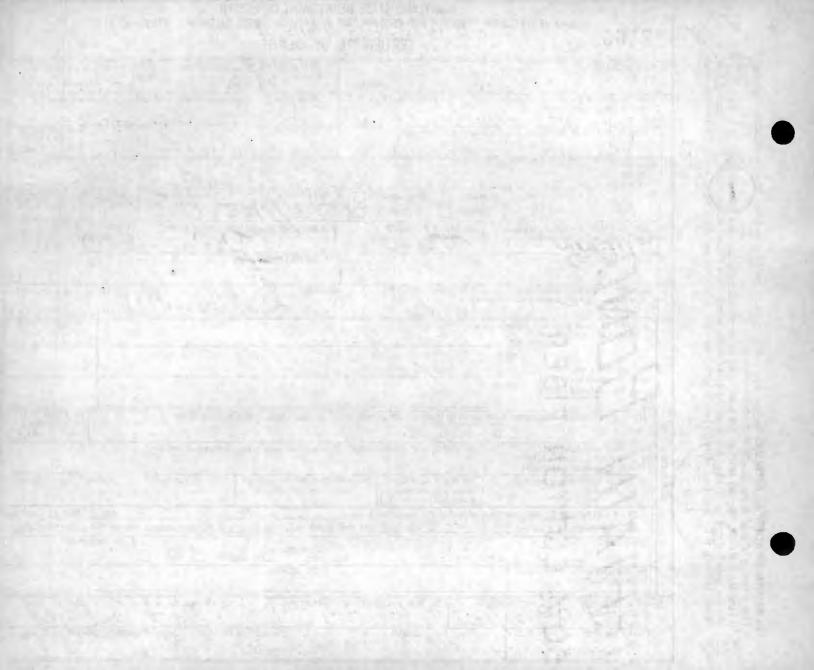
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12473 12464 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE 6. COUNTY Page 0 of MARYLAND delay c. LENGTH OF STAY IN 1b. b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negres) town) oug P.M.3. write RURAL and give nearest tawn) e IS RESIDENCE ON A FARM? OR INSTITUTION (If not in haspital, give street address, form pencil in Item 18. Give Poges 1, YES NO 24 hours after deoth. Office along with NAME OF DATE Doy Year DECEASED OF DEATH (Type or print) S SEX 6. COLOR OR 7. MARRIED NEVER MARRIED last birthday) Months Days Hours hours after death. WIDOWED DIVORCED lond2 PATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT during most of working life, even if retired). Chief Medicol Exominer's be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEN 9 = 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) (If yes give wor or dates of service) within , INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit event PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) This certificate should e, writing the word forworded to the Ch DUE TO the any ( Canditions, if any, which gave (b) rise to immediate cause (a). C DUE TO stoting the underlying cause 0 puo last. as o remayal, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) certificate, NO YES 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should 0 PRIMARY I DI CONTRIBUTING I Poge 4 should MEDICAL EXAMINER. CAUSE OF DEATH cremation, 201 (City at tawn) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (County) (Stote) Not While Hour o.m. factory, street, office bldg., etc.) While moy be retained for your FUNERAL DIRECTOR: Page at work please execute 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian burial, Natural causes the funerol director. death resulted fram: Accident Suicide Undetermined manner ACTUAL 22. DATE SIGNED prior SIGNATURE OF **EXAMINER'S** Health Address (Street, city, tawn, or county State) 0 REMOVAL (Specify) REGISTRAR'S SIGNATURE VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12474 12465 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND deloy 0 c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo (write RURAL and give negres) town) PM3. OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? form in pencil in Item 18. Give Pages 1, Parklaun Avenue to YES NO IX This certificate should be executed within 24 hours ofter death. with NAME OF DATE Month Year DECEASED OF DEATH SO 19 Office olong IF UNDER 24 HRS SEX 6. COLOR OR RACE 9 AGE IF UNOFR 1 YEAR 7. MARRIED In years lost hirthdoy) Months Hours WIDOWED May 12, 1892 within 72 hours ofter death ond2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY poges 1 Balto. Co. the Chief Medical Examiner's Cashier 19- FATHER'S NAME 14 MOTHER'S MAIDEN NAME harles Frederick Ray Katharine Sohn 5 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT permit. Katherine Badders-3419 Woodring Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH ony event writing the word DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), forwarded to = DUF TO stoting the underlying couse 0 puo lost. removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? please execute the certificate, NO P pe 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I ō EXAMINER: CAUSE OF DEATH cremotion, 20e. PLACE OF INJURY (Home, form, 20f. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Inquiry / Natural causes Suicide funeral director. death resulted fram: Accident Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED Health prior DEPUTY necessary, DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23o. BURIAL, CREMATION, DATE THEREOF 23d. LOCATION (City or Town) . . 9 REMOVAL (Specify) Parkwood (emetery Burial 24. FUNERAL DIRECTOR ADDRESS VR A 15ME (5) Miller Inc-0+15 Belair Rd. -21206

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	MARYLAND STATE DEPARTMENT OF HEALTH	
/	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND  1966	
	12466 Item 12 Film 6393 9/67 LK CERTIFICATE OF DEATH	12475
	1. PLACE OF DEATH a. COUNTY  Hard a COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Res b. COUNTY  MARYLAND	tarford
	b. CITY OR TOWN (If autside corporate limits, write RURAL and I wr	race 12-1
66	d. NAME OF HOSPITAL OR INSTRUTION (If not in haspital, give street address) d. STREET ADDRESS  A STREET ADDRESS  A STREET ADDRESS  A STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CONSTANTING SUDANO DEATH OF DE	Day Year
	WIDOWED DIVORCED 2 5/3//1905 (32 yrs.) Mant	
1	during roos of working life, even it retired) HOUSTRY	2. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME	M = 14
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SEGURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give-war ar dates at service) (Which the control of the co	rede Grace M
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - LEpartic fields	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave (b) Cervhores of levil	5+ Ym
	lost. (c)	
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Bruchy Julium and	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 1B.)	
	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m.  19  20d. INJURY OCCURRED While of wark at wark at wark  20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg, etc.)	(County) (State)
	sow the deceosed olive on 2 1 2 6 7 19, and that death occurred at 2 4 8 M, from couses and a	
	3-1. Olimberty L M.D. PHYS. DIRECTOR DIRECTOR PHYS.	D. DAYE SIGNED
	NAME (Type)	
R	236 BURIAL CREMATION 236 DATE THEREOF 23c. NAME OF CREMATORY 23d. LOCATION (Chy or Jown) 22d FUNERAL DIRECTOR 22d LOCATION (Chy or Jown) 22d LOCATION (Chy or Jown) 22d FUNERAL DIRECTOR 22d LOCATION (Chy or Jown) 22d LOCATION	ecif (County) (Stote)
1	eminter of the Handle Grace Mg par SEP 2 2 1987	and had



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201 12467 CERTIFICATE OF DEATH 12476 PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATEMARXIAND Ga. O. COUNTY ARFORD b. COUNTY HARFORD rely filled in by the function bon popers. Pages 1 o within 72 hours after d MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give agarest tawn)
Aberdeen Proving ( c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) 5 Mo Aberdeen//Ma/ Savannah d. NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give street address) e IS RESIDENCE ON A FARM? 2136 Krenson St. d. STREET ADDRESS Kirk Army Hospital NO TO 3. NAME OF pou Middle Last 4. DATE Manth Ogy Year and completely DECEASEO eventy SAMUET. (Type or print) LEE DAVIS **OFATH** S. SEX 6. COLOR OR RACE 7. MARRIEO [37] 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) Manths Haurs 19 FEB 12 MALE WIDOWED DIVORCED NEGRO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT signed by the ottending physicion an burial-transit permit. Then please re burial, tremation, or removal, ond in a duringanos to proteing life, even if retired) INDUSTRY IIS ARMY COUNTRY Stateboro, Ga 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cecil Lamar Davis Annie Lou Johnson IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 252-64-4731 Military Personnel Records 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY:

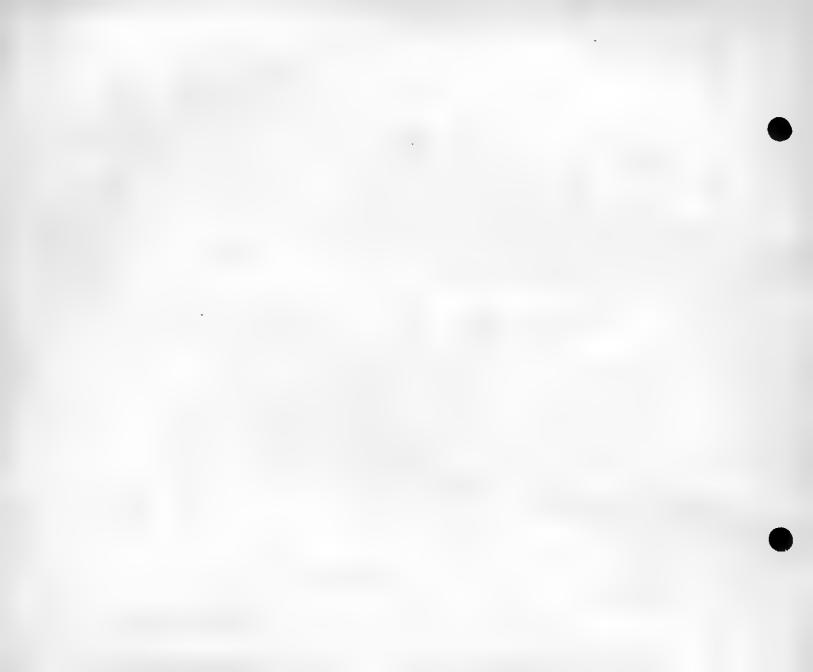
Endocardial laceration, right, atrium INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Traumatic laceration of right lobe of liver Canditians, if any, which gave : rise ta immediate couse (o), with hemoperitoneum DUF TO stating the underlying cause hos been the Fracture 5. 6. 7. right ribs 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) be detoched for use State Dept. of Health YES X NO T O FUNERAL DIRECTOR: After this certificate 20a : ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CECAUSE OF OFATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item. 18.) Automobile Accident (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 3 DOlaur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)Harfor(thte) ractory, street, office bldg., etc.) at wark at work Near ) Havre De Grace. OR ATTENDING 16 SEP 19 67 deceased from 16 SEP , 19 67 , to 16 SEP , 19 67, that (1) (90) last 19 67 , and that deoth occurred a 12:30 M from causes and an the date stated above. 21. I certify that (I) (this position) attended the deceased from \_\_\_\_ TO HOSPITAL OR ATTEND Page 4 may be retained saw the deceased alive on\_ IG SEP 22g. SIGNATURE 22b. DATE SIGNEO 16 SEP 67 COL 5 M.D. DIRECTOR 22c, PHYSICIANUS 22d. ADDRESS JOSEPH A. COX, CPT, MC Kirk Army Hospital, APG, Md 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, PEMATION 23d. LOCATION (City or Town) OATE THEREOF (Stote) (County) Hunter A.F.B. Post Cemetery Hunter A.F.B., Georgia. VR A15 (4) Perryville, Maryland DATE SEP 26 1967 25M 1/67 Patterson &

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1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
1	12477  CERTIFICATE OF DEATH			
peral hd 2 eath.	1. PLACE OF DEATH      2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)			
hours after leath d in by the ingeral rs. Page 1 and 2 hours after death.	a. COUNTY Harford County MARYLAND 8. STATE Maryland b. COUNTY Harford			
# (美國)	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town)			
In Day	Joppa Maryland Joppa, Maryland 21085			
filled papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET AOORESS   e. IS RESIDENCE ON A FARM?			
2 計画	100k Old Joppa Road   100k Old Joppa, Road   YES   NO			
completely to each, within	3. NAME OF FIRST Middle Last 4. OATE Month Day Year DECEASED (Type or print) Marie J. Doyle DEATH September 3 1967			
comple ve carb event.	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. OATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.			
nd c mov	WIOOWED DIVORCEO March 24,1890 To yrs. Months Days Hours Min.			
law requires that the death certificate be executed the stending physician. Has been signed by the attending physician and contain as the burlal-transit permit. Then please remove prior to burlal, cremation, or removal, and in any every	10a. USUAL OCCUPATION (Give kind of work done INCUSTRY)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
e bo	Housewife Penna. U.S.A.			
ficat f phy en p	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
ding Th	Alexander Watts  15. WAS DECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address			
ath ather, arthur, or	(Yes, no, or unkown) (If yes give war or dates of service)			
dec	1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1			
the by the ansitrement	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My occardial in farction 3 hrs.			
that sicia med al-tra al, ci	4-d(.) DUE TO			
res phys sig burit burit	Conditions, If any, which (b) generalized arteriosclerosis Years			
fing fing peer the r to	cause (a), stating the DUE TO			
aw Ittend	underlying causa last, (c) CCC & CCCC C C C C C C C C C C C C C C			
M: The la cal or at ificate h for use Health I	PERFORMEO? YES NO			
CIAN: The ospital or a certificate hed for use to Health				
SICINA hosp hosp cer ched pt. o				
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician.  IRECTOR: After this certificate has been signed by the attending physician and completely re 3 should be detached for use as the burial-transit permit. Then please remove carbon of with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  Hour a.m.  p.m. 19   While   Not While at work   At work			
oline F d by t After d be d b State				
y be retained by be retained by be retained age 3 should liled with the S	21. I certify that (I) (this hospital) attended the deceased from May, 1967, to Sept., 1967, that (I) (we) last saw the deceased alive on September 3.1967, and that death occurred at 7 A.M. from the causes and on the date stated above.			
	saw the deceased alive on September 3.19 67, and that death occurred at 7 AM, from the causes and on the date stated above.  22a. SIGNATURE 22b. DATE SIGNED			
DIRI Bed v	Phyllis K. Pullen M.D. ATTENDING MED. OIRECTOR   STAFF   9/3/67			
ITAL may RAL r, pa	22c. PHYSICIAN'S 22d. ADDRESS			
TO HOSPITAL OR Page 4 may be O FUNERAL DIRE director, page 5 should be filed v	150x 381 /ct. 1 Tringsville Tital			
Par Par Par Sho	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (specify)  Burial 9-6-1967 Parkwood Cemetery Baltimore, Co., Md.,			
0.	24. FUNERAL DIRECTOR ADDRESS / )   25a. BEC'D BY REGISTRAR 25b. RECISTRAR SIGNATURE			
VR A15 (4)	Larren Auneral Home 7401 B Kay Rom DATE SEP 6 1901			
15M 4-64				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12478 ~ 2469 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o STATE 5 COUNTY 0 MARYLAND delay CLENGTH OF STAY IN 16 b CITY OR TOWN (f outside corparate im to c CITY OR TOWN (If outside corparate Limits, write RURAL and give neorest town) write RURAL and give d STREET ADDRESS haspital, give street address) e IS RESIDEN ON A FARM in pencil in Item 18. Give Pages 1, YES This certificate shauld be executed within 24 haurs after death e Stat word "pending" in pencil in Item 18. Give Pagi the Chief Medical Examiners Office alang with 3. NAME OF Lost DECEASED OF DEATH outember (Type or pnnt) S SEX YEAR NEVER MARRIED DATE OF BIRTH last birthday) Months Days Hours WIDOWED DIVORCED any event within 72 haurs after death TACE (State-or foreign country) 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT during most of working pages 13 FATHER'S NAM MOTHER S MAIDEN NAMI WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. INFORMANT (Yes no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) the certificate, writing the word 4 should be farwarded to the CF DUE TO Conditions, if any, which gave (b) rise to immediate couse (a). Ξ DUE TO stoting the underlying couse remova, and lost. PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? NO F 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter notice of miury in Port I or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I 0 EXAMINER: CAUSE OF DEATH crematian, DICAL 20c TIME OF N. JRY Month, Day Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (State) Hour om foctory, street, office bidg etc.) YOUR Not While C DIRECTOR: Page 21 I certify that I taak charge of the remains described above, held an Autopsy Inspection 52 and in my opinion Suicide death resulted fram-Natura causes Homicide Undetermined manner funeral directar CHIEF MEDICAL EXAMINER 2. DATE SIGNED ASSISTANT MEDICAL EXAMINER pr ar FUNERAL DEPUTY necessary. DEPUTY MEDICAL EXAMINER EXAMINER'S May NAME Type) Address (Street, city, town, or county) the (PURIAL) CREMATION THERE NAME OF CEMETERY 23€ 0 EVIDVAL (Spec (v) 24 FUNERAL DIRECTOR VR A 15ME (5)



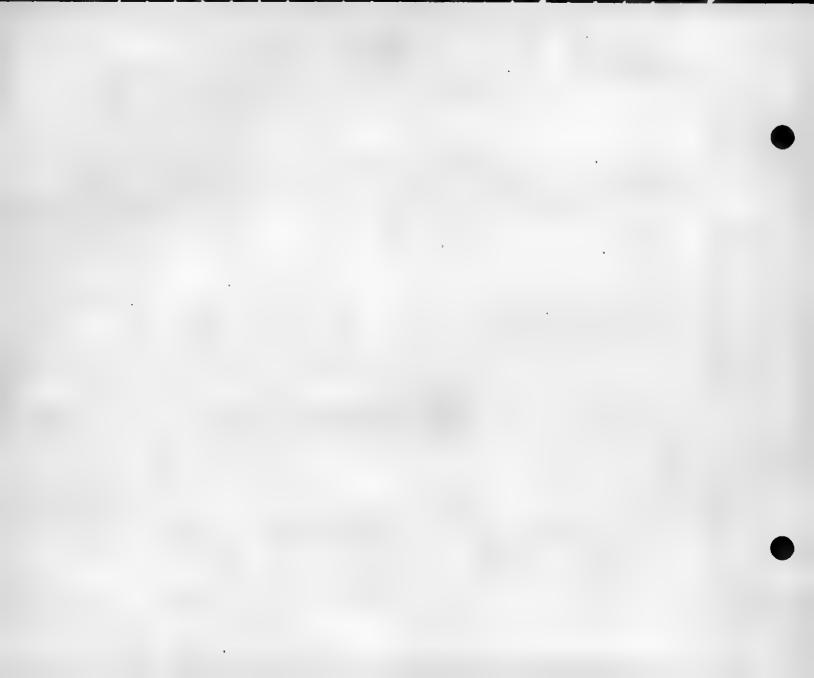
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 307 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12473 . 4 2 1 W 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH **b** COUNTY a. COUNTY o. STATE Harford Harford MARYLAND Marvland after ve corbon papers. Poges 1 event, whilin 72 hours after and completely filled in by the T b CITY OR TOWN (If autside carparate imits, write RJRAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) The law requires that the death certificate be executed within 24 hours Perryman Perryman d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e, IS RESIDENCE d. STREET ADDRESS ON A FARM? General Delivery YES NO T General Middle the attending physician and completely t sit permit. Then pleose remove corbon NAME OF 4. DATE Year DECEASED Duffv 1967 September Margaret J. DEATH IF UNDER 1 YEAR DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Haurs July 18. Female White WIDOWED DIVORCED and in ony 10a USJAL OCCUPATION (G ve kind of work dane during most of working life, eyen if retired) 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR INDUSTRY Home COUNTRY? Baltimore. Maryland Housewile 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME tremation, or removal, Cecelia T. Cummings (D) Henry Nelson 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no. or unknown) (If yes give war ar dates af service) Joseph H. Nelson. Perryman. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN signed by the burial-tronsit p PART I DEATH WAS CAUSED BY ONSET\_AND DEA IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DHE TO burial Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched far use os the should be filed with the State Dept. of Health prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS! PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While 19 of work at work 1965 to 26 -13-67, 19\_, that (1) (We) last 21. 1 certify that (1) (this hespital) attended the deceased fram saw the deceased alive an any and that death accurred at 1 . O.C.M. have causes and an the date stated above. 1967 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Aberdeen. M.D. Marvland 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION, REMOVAL (Specify) Bep. Baltimore. New Cathedral Cemetery Maryland Buria: TarriAPDRESSFuneral Homeo. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 8 "worls Aberdeen. Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12471 CERTIFICATE OF DEATH 12480 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Harford Maryland Harford ed in by the ta requires that the death certificate be executed within 24 hours after b CITY OR TOWN (IT outs de corporate limits, write RURAL ond give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace, Marvland Havre de Grace d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Citizens Nursing Home YES NO F 301 Fountain Street NAME OF Middle 4 DATE First Doy Year attending physician ond completely, permit. Then please remove correct DECEASED (Type or print) Catherine DEATH September Ferguson IF LINDER I YEAR IF UNDER 24 HRS **SEX** AGE (In years fost birthdov) 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED Months Doys Hours WIDOWED DIVORCED Female White October 12, 1882 11. BIRTHPLACE (County & State, or foreign country) 10o USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Chatham. Penna. Homemaker IISA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN1 POBUL 684 ddress (Yes, no, or unknown) (If yes give war or dates of service 5 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for to buriol-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). **D**UE TO stating the underlying couse Page 4 may be retained by the hospiral or Logoritation of Funeral DIRECTOR: After this certificate has been a fune 3 should be defacted for use as the contract of the form of lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO YES 200 ACCIDENT WAS UNDERLYING ... 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased fram . 19 . 19\_\_\_, that (1) (we) last ..... ta. M. fram causes and an the date stated above. saw the deceased alive an and that death accurred at 220. SIGNATURE 22b. DATE SIGNED MAMORA M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 (BUR AL/CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREO LOCATION (City or Town) (County) (Stote) 250. REC'D BY REGISTRAR 24. FHINERAY DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE



1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
2 :		12472 CERTIFICATE OF DEATH	12481
ppletely filled in by the funder of grabon papers. Pages 1 and 2 year, within 72 hours after death.		LACE OF DEATH  COUNTY  ACR FOR  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution. Reside a STATE  MARYLAND	nce before admission)
rages ours aft	1	Write RURAL and give nearest town)	re negrest tawn)
hin 72 h	1	NAME OF HOSPITAL OR, INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS  OR FORD MEMORIAL TOSOITAL 1082-2714. TI	on a farm?  YES NO
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an, or	(Yes	na, ar unknown) [If yes give war ar dotes at service] In K   )   - and   Feelin /1 - 100 x	INTERVAL BETWEEN
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3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
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	MEDICAL	Haur a.m. p.m.  19 While at wark at wark factory, street, affice bldg., etc.)	ounty) (Stote)
		sow the deceased olive an G. 6 19 67, and that death occurred at 77476M, from causes and an	
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em nonic nonic		22e. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
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Mes Co	24.	FUNERAL DIRECTOR ADDRESS 1250. REC'D BY REGISTRAR 25b. REGISTRAR'S PART CED 1 1 1967 OCCUPANTION OF THE COLD 1 1 1967	



) A   T	1	MARYLAND STATE DEPARTMENT OF HEALTH
X .		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		PREDICTE EXPLANATION OF CONTINUENT OF SEATING
HEALTH DEPT.		PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY  a. STATE b. COUNTY
		Harford Maryland Harford
P.M.2. Be partment #		b CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town)  C LENGTH OF STAY IN 16 (CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town)
PA PA	-	Havre de Grace DOA Aberdeen, / / / d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e S. RESIDENCE
after death If any deray 8. Give Poges 1, 2, and olong with form PM3.2 with the state department within (72, pairs) after deat		Harford Memorial Hospital P.O. Box 715
d with a 24 hours after death. If in pencil in Item 18. Give Poges 1, Examiner's Office olong with form F le poges Lond 2 with the state ond in any event within (72 paurs ond in any event within (72 paurs	3	NAME OF First Middle Last 4 DATE Manth Day Year
r de we Finde we finde in		DECEASED (Type of phot) FOUNT L. HAINES ST. DEATH September 1 19 67
after of Give olong with the within	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 14 ARS
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th n 24 hours of the normal in Item 18 miner's Office of poges lond 2 vin any event in	dyr	US_AL OCCUPATION (Give kind af work done in passing the evenuf retured)  IDB KIND OT PASSING OF Army BIRTHPLACE (State or foreign country)  INDUSTRY OF WHAT (OUNTRY?  U.S. Govt. Lock Haven, Penna.  U.S.A.
n 24 il in 1 ner's any	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
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ed with per lin per lin per lin Exart Fle t Fle lin ond lined	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address s, no ar unknown) (If yes give wor er dates of service)
executerending" Medical		** No! ******   162-12-4315 F.L. Haines Jr. Havre de Grace, Md.
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差上 필요	CERTIFICATION	PRIMARY I or CONTRIBUTING I  CAUSE OF DEATH.
INER: le cert should files: 3 should files: mft, pr	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 2Df (City or town) (Caunty) (State)
EXAMINER: ute the certiloge 4 should your files. Pope 3 should should be a sho	ME	Hour a.m.  While Nat While factory, street, affice bldg, etc.)  p.m. 19 at wark at wark
MECKAL EXA please execute of director. Poge retained for you L DIRECTOR: Pogitis designated o		21. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🔀 Inquiry 🔀, and in my opinion
e exector. Ped for care for ca		death resulted fram Natural causes 🛣 Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌
MEDIR:		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 2 Sept. 13 BAJE SIGNED  ASSISTANT MEDICAL EXAMINER 2 Sept. 13 BAJE SIGNED
		SIGNATURE M.D ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
TO DEPUTY MECKAL EXAM necessary, please execute the funeral director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age		NAME (Type) Gerald C. Palmer, M.D. Address (Street, city, tawn, or county) Bel Air, Md.
o o o o o o o o o o o o o o o o o o o	230	BUR AL (REMATION, 236 DATE THEREOF 23C NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)
	24	Bur 14 5 Sep. 67 Harford Memorial Gardens Aberdean, Maryland  Aneral Miretury / 250 Registrar C 250 Registrar C 250 Registrar S Signature
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Anapanin S	10	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
	Vi		12474 CERTIFICATE OF DEATH	12483	
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	ecuted within 24 completely filled ove carbon page y event, within 2	L	NAME OF DECEASED (Type or print)  SEX  Lost  A DATE Month OF DEATH  9 AGE (In yeors IF UNIT	DOY YEAR 1 F JNDER 24 HRS	
	be execution and coming series of the components	100	March Laro Widowed Divorced Mary 15, 1900 lost birthdoy) Month USDALOCC. PATION (Give kindlof work done in most of work no life, even it retried) .  List business or 11. Birth Place (founty & Stole, or foreign country) 12  List business or 11. Birth Place (founty & Stole, or foreign country) 12		
	e death certificate t attending physician sermit. Then please an, ar remaval, and		FATHER'S NAME CLOGED SCONION. Harriett Dasco  WAS DECEASED EVER IN U.S. ARMED PORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT. Address	0.277	
	e death attendir ermit. an, ar re	(Y	25, no, or unknown) (If yes give wor or do les of service) 218 09-0037 My. William L. Idall, Per	ryman MI,	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon pages. Pages 1 and should be filled with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, with the state death the state Dept.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) Would Carbonness, Wishmith PART 1. DEATH WAS CAUSED BY  (MMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse (o), stating the underlying couse (o).  (c)  DUE TO  DUE TO  DUE TO  Line Underlying couse (c)	ONSET AND DEATH	
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	ING PHY by the ha frer this be detacl	MEDICAL	Hour a.m  P.m.  While Not While foctory, street, office bldg., etc.)  of work	(County) (State)	
	TTENDII ained by OR: Aft nauld by h the St		saw the deceased alive on 9 1/7 1967, and that death accurred at 32 PM, from causes and a	9 7, that (I) (we) last the date stated abave.  DATE SIGNED	
	ed w		220. SIGNATURE  ATTENDING MED. DIRECTOR STAFF PHYS.   220. PHYSICIAN'S NAME (Type)  220. ADDRESS	. DATE SIGNED	
	TO HOSPITAL Page 4 may In FUNERAL C	23	BURIAL CREMATION, REMOVAL (Specify) Sept. 21, 1967 Mt. Colvary U. A. M.E. C. Chris Dans	(State) (State)	
	VR A15 (4)	24		'S SIGNATURE	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12484 12475 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY a STATE **b** COUNTY MARYLAND C LENGTH OF STAY IN 16 c. CITY OR ADWN (If outside corporate limits, write RURAL and give negrest town) physician and completely filled in by the b CITY OR TOWN (if outside corporate limits. ent within 72 hours a write RURA, olid give negrest town! IS RESIDENC ON A FARM: d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO P NAME OF Middle DATE Day OF DEATH DECEASED (Type or print) AGE (n veors IF UNDER 1 YEAR 1F LINDER 24 HRS SEX 6 COLOR OR RACI 7. MARRIED NEVER MARRIED lost birthday) ė Months DIVORCED ony WIDOWED 12 CIT ZEN OF WHAT 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ty & State or foreign country) ondin during most of working life, even if retired) PATZIJONI MOTHER'S MAIDEN NAME 13 FATHER'S NAME removol. signed by the attending phy INFORMAN 16. SOCIAL SECURITY NO. IS WAS DECEASED EVER IN U.S. ARMED FORCES? nkhawn) ((If yes give wor or dates of service Ы cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ottending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the TO FUNERAL DIRECTOR: After this certificate has been of Health prior to last. WAS AUTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USB CERTIFICATION NO be retained by the hospital or ٥ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour om. foctory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 1967, that (I) (we) last director, page 3 should should be filed with the and that death accurred at / MM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR M D PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL 4705 NAME (Type) LOCATION (City or Town) (Spugly) 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 12485 funeral and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. COUNTY b. COUNTY Maryland Harford bon papers. Pages 1 within 72 hours after Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 1 day Rural-Forest Hill Cardiff filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Main Street YES ND The law requires that the death certificate be executed within certificate has been signed by the attending physician and completely hed for use as the burial-transit permit. Then please remove perbon it, of Health prior to burial, cremation, or removal, and in any event, within 3. NAME OF Middle DATE Month Day Last 4. DECEASED OF DEATH Hinegardner Sept. C. (Type or print) Earl 19 AGE (in years | FUNDER 1 YEAR | FUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH NEVER MARRIED White Male WIDOWED T Mar. 17, 1887 DIVORCED [ ] 10a. USUAL OCCUPATION (Give kind of work done | during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Greenbrier Co..W.Va. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma ? Henry Hinegardner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. or unkown) | (If yes give war or dates of service) 233-16-7134 Mrs. Kenneth Cantler. Cardiff. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Seminoma of testis VY DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause fast. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION 10 FUNERAL DIRECTOR: After this certificate a director, page 3 should be detached for use should be filed with the State Dapt. of Health PERFORMED? NO IF YES T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Not While ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from JVLY 30 1948 to SEP. 15 1967, that (1) (we) last SEPT. 13.1967, and that death occurred at 9: No from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. Sixt. 16/67 DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) Forest 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) Slateville Delta, York Co. Burial ADDRESS 24. FUNERAL DIRECTOR Delta, Pa. VR A15 (4) DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH 1247. 12486 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Harford o. STATE Maryland b. COUNTY Harford papers. Pages I MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside carparate limits, write RURAL and give nearest tawn) write\_RURAL and give nearest town) 45 years Rural - Hydes Rural - Hydes d STREET ADDRESS RAD 1. BOX 66-A d. NAME OF HOSPITAL OR INSTITUTION MADE The SECOND Address) e IS RESIDENCE ON A FARM? campletely filled Reckord Road Reckord Road NO 🔼 NAME OF First Middle DATE remove carbon Last Month Day Year DECEASED September 67 Bila Hogan Agnes DEATH 19 event, 5 SEX 6. COLOR OR RACE 7 MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** birthday) Manths Haurs May 16, 1909 White Female WIDOWED 3 DIVORCED and in any gud 10a USUA. OCCUPATION (Give kind of work done duting most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT physician c nen please INDUSTRY. COUNTRY? Civil Service Clerk-Typist Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, John Miller Mary MacGilley the attending p 17. INFORMAN(Son) 592-7102 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. RFD#1" Box #66-A (Yes pa or unknown) (If yes give war or dates of service) 213-36-7847 Mr. John H. Hogan, IXX Hydes. Md. 21082 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY NTERVAL BETWEEN burial-transit ONSET AND DEATH Ceterioscheratic **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that Page 4 may be retained by the haspital ar attending physician. signed by ケメル1 DUE TO 7 Months Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse has been be detached for use as the State Dept. af Health prior ta łast (2) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO YES certificate 20a ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) FUNERAL DIRECTOR: After this Not While factory, street, office bldg., etc.) ot wark at work e deceosed from 12/23 , 1969, to 9/14 , 1967, that (I) (we) lost 1967, and that death accurred at 12RM, from causes and an the date stated above. 21. I certify that (1) (this haspital) attended the deceased from 12/23 director, page 3 shauld shauld be filed with the saw the deceased alive an-22o SIGNATURE 22b DATE SIGNED STAFF Sept. 15, 1967 Donovic DIRECTOR M D PHYS 22d ADDRESS Fallston, Maryland 21047 PAYSIC ANS Kermit P. Bonovich, M.D. NAME (Type) 23d LOCAT ON (City or Town) 230 BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) PEMOVAL (Specify) Sept.17.1967 St. John's Episcopal Com. Kingsville, Belto.Co.,Md. 2 25b REGISTRAR S SIGNATURE W. Broadway & W 11ams St. 24 FUNERAL DIRECTOR 25o. REC D BY REG STRAR VR A15 (4' 25M 1/67 Millianie Judge Bel Air. Maryland 21014 Joseph William Foster

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1	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 101 W. PRESTON STREET, BALTIMORE, MARYLAN	1D 21201
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The law requires that the death certificate be executed within 24 haurs after degratending physician. has been signed by the attending physician and completely filled in by the funed se as the burial-transit permit. Then please remove tarbor papers. Pages 1 and the prior to burial, cremation, ar remayal, and in any event, within 72 hours after deals.	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	CCITY OR TOWN (If outside/carparate limits, write RURAL	and give nearest tawn)
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日信宅もち	206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I ar Part II of item 1B.)	·
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AL OR A' y be reft L DIRECT cage 3 sh filled with	- CALADA -	M.D. ATTENDING MED. STAFF DIRECTOR PHYS 22d. ADDRESS	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) George T. Stansbury  230. BURIAL CREMATION.   23b DATE THEREOF   23c MAME OF CEMETERY O	569 Revolution St. Havre de Go	
TO HOSP Page 4 in Funei		Cemetery Carlington	
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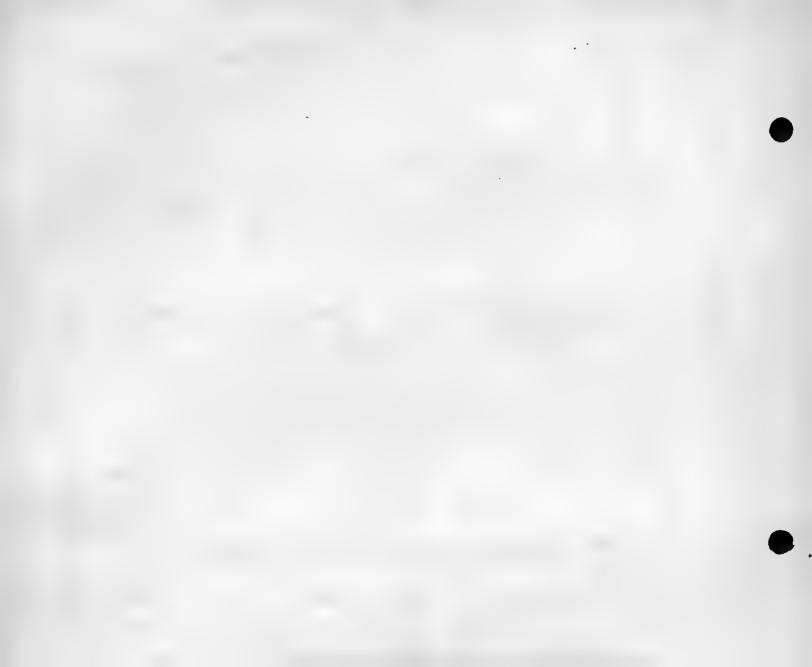
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12479 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH and campletely filled in by the funeral remave, earbon papers. Pages 1, and o. COUNTY o. STATE b. COUNTY Harford Marvland MARYLAND haurs after b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) write RJRAL and give negrest tawn) Aberdeen Aberdeen papers. hin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? S. Philadelphia Blvd. Phila. Blvd. YES No X NAME OF First Middle Lost 4. DATE Month Day Year DECEASED EVA RUTH 1967 KILBY DEATH September event, (Type or print) IF UNDER 24 HRS IF JNDER 1 YEAR B. DATE OF BIRTH AGE (In years CEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED olast birthday) Months Hours Caucasian Female Dec. cremation, or remayal, and in any WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of warking life, even if retired)
HOUSEWII 6 INDUSTRY COUNTRY? Ashe County. Home S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Wiley W. Osborne D Jane Mink D 17 INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates af service) Lola K. Sewell . Aberdeen. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and, (c)) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. 4330 DUF TO CARDIAC - TAILURE burial, Conditions, if any which gove (6) rise to immediate cause (a). DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health prior to last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION LONEPHRITIS NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Nat While at work 21. I certify that (I) (this haspital) attended the deceased fram 19 6 / 1967, and that death accurred at 5:20M, Modifi causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. director, page shauld be filled 22d, ADDRESS 22c. PHYSICIAN'S NAME (FYDE) Leyte-Vidal Santiago M.D Aberdeen. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Sep. Air, Maryland Bel Air Memorial Gardens. Bel 250 REC'D BY REGISTRAR DAY EP 1 8 19 25b REGISTRAR'S SIGNATURE Tarring Formeral Home VR A15 (4) 1967 Miarilas Aberdeen, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. rs. Pages I and 2 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I. PLACE OF DEATH filled in by the funeral requires that the death certificate be executed within 24 hours after deg o. STATE Maryland b. COUNTY Harford a. COUNTY Harford MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) vears Rural-Darlington Rural - Darlington d NAME OF HOSPITAL OR INSTITUTION (16 pgt in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Stafford Road Stafford Road YES NO SE 3. NAME OF First Middle DATE pou Last Manth Day Year DECEASED OF September 17. 19 67 HAROLD 5. KING Type or print IF UNDER I YEAR IF UNDER 24 HRS. S SEX 6. CO.OR OR RACE B DATE OF BIRTH 9. AGE (in years 7. MARRIED NEVER MARRIED move any vo last birthday) Months Davs Haurs Male White 5.1892 WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRYSA Liverpool. N.Y. Professor of Chemistry 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the attending physi buriol-tronsit permit. Then pl buriol, cremotion, or removal, Edward S. King Kate I. Colson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no or unknown) [If yes give war ar dates of service] 408-34-2484A Mrs. Susan R. King, Darlington, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? detached for use and are detacted for use of the alth p CERT FICATION NO YES 20g, ACC DENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg , etc.) Not While at work at work 2). I certify that (1) (this haspital) attended the deceased fram June 11 1967, to Sept 17, 1967, that (1) (we) last 19 67, and that death accurred at 500 PM, fram causes and an the date stated above. saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS DIRECTOR director, page 3 should be filed v M.D. 22d.—ADDRESS 22c PHYSICIAN'S NAME (Type) 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) EMOVETIN Baltimore, Md. ept:17,1967 of Md. School of Medicine 2Sb REGISTRAR'S SIGNATURE scharles VR A15 (4) 20 M 1/66 Delta Penna. DATE



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quires that the death certificate b physician. signed by the attending physician burial-transit permit. Then please burial, crematian, or removal, and i	(Ÿe	s, no o unknown) (If yes give wor or dotes of service) 216-30-7412 MAS. HAMILTON LITTLE, DARL	NCTON, MD.
the at		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)   OCCUPE CORDINARY insulficiency	INTERVAL BETWEEN ONSET AND DEATH
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Page 4 may be retained by the hospital or attending physician.  • Funexal DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hauld be detached for use as the burial cremation, or removal, and in any event within 72 hours after death.	CERTIFICATION	206 ACCIDENT WAS UNDERLYING ☐ 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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OR ATTENDING be retained by the NRECTOR: After i e 3 shauld be d ed with the State		M.D. PHYS DIRECTOR DIPHYS. D	15/67
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VR A15 (4) 019	1	John H. Harbin, DELTA, PA. DATESEP 8 1968 pura.	wij was



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH campletely filled in by the funeral ave carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Harford Maryland Harford MARYLAND c. LENGTH OF STAY IN 1h b CITY OR TOWN (If outside corporate limits, c, EITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) Rural-Pylesville 20 years Rural-Pylesville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS B IS RESIDENCE ON A FARM? YES NO TO remave carban Middle 3. NAME OF First Lost 4 DATE Month Dov Yeor DECEASED Sept. 23. 1967 NANNIE B. LESTER DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF SIRTH AGE (in years 7 MARRIED NEVER MARRIED dast b rthdoy) Months Hours Apr. 24.1882 Female White WIDOWED TO DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired)
HOUSEWITE INDUSTRY COUNTRY? Cedar Bluff. Va. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Hankins Lottie Helbert WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po, or unknown) (If yes give wor or dotes of service) Mrs. Evetett Linkous, Pylseville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (u), (b), ond (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (o) signed by DUE TO C-1/12 mano Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION far use 7 NO 2Do ACC DENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ot work be retained by 22, 19.2, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 19/27, to when yell 1967, and that death accurred at 4 DM, from causes and an the date stated above saw the deceased alive an deceased 22o. SIGNATURE 22b DATE SIGNED MED. DIRECTOR STAFF PHYS. Sept.23,1967 M.D 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) M.D. Delta.Pa. Josiah A. Hunt director, Should 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 230. BURIAL, CREMATION REMOVAL (Specify) Burial Sept. 26, 1967 Fountain Green, Md. Mt. Zion 25b. REGISTRAR'S SIGNATURE 2So REC'D 8Y REGISTRAR FUNERAL DIRECTOR Delta, Penna.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12483 12492 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n. COUNTY o. STATE b county MARYLAND r filled in by the fur a. papers. Pages 1 requires that the death certificate be executed within 24 haurs after CLENGTH OF STAY IN 16 b. EITY OR TOWN (If outside corporate limits c CITY OR TOWN guitside corporate limits, write RURAL and give nearest town) and give negrest town d STREET ADDRESS e. IS RESIDENC ON A FARM d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Route YES NO S Plum NAME OF Midde 4. DATE Month Doy Year vent we DECEASED Type or print DEATH 9 AGE ( n Veors S SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED 7 dast birthdoy) Months Dovs Oct. 1888 WIDOWED DIVORCED 100 INITAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? Washington Co. Tenn. Laborer Equip. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John B. Matherly Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service John D. Matherly Jr. Bel No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PART IL-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO X YES fo 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or town) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office blda . etc.) Not While-21. I certify that (I) (this hospital) oftended the deceased from , and that death accurred at ARPM, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURES MED. DIRECTOR 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type) shauld directar 23d. LOCATION (City or Jown) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Sep. Air Memorial Bel Air Maryland
| 25b. REGISTRAR'S SIGNATURE Gardens. 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Tarring ADDES Home VR A15 (4) DATE SEP 1967 Miles of Che. Aberdeen, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12493 12484 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR S HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o STATE 3 10 Page MARYLAND State Department b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 write RURA, and give nearest town) 2, u. PM3. I write RURAL and give nearest tawn) OF HOSP TAL OR INSTITUTION (finot in haspital give street address) B IS RESIDENCE ON A FARM? ADDRESS along with form Item 18 Give Poges 24 hours after deoth NAME OF M ddle DATE Month Year DECEASED OF DEATH (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE IF UNDER 24 HRS birthdoy) Months Dovs Hours 12-17-08 DIVORCED WIDOWED Office 100 USUÁ, OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 1) B RTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired)
Electrician (Ret INDUSTRY COUNTRY? of Dept. Penna. pending" in pencil in ef Medicol Exominer's be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 72 hours Joseph McMahon Catherine Fargerson Ф WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, or unknown) (If yes give wor or dotes of service) within Yes WW-II Mrs. Ralph Rodney. Long Meadows Mass INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per \_ne far (o), (b), and (c)) bur.ol-fronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (o) This certificate should DUE TO ОПУ Conditions, if any, which gove (b) rise to immediate couse (o). .5 DUE TO storing the underlying couse pub 50 19. WAS AUTOPSY PERFORMED? removal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 NO N YES pe-4 should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port It of tem 1B.) 3 should 5 PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH cremotion, 20d NJURY OCCURRED 20e P.ACE OF INJURY (Home, form, (City or fown) 20c TIME OF INJURY Month, Day, Year (County) (Stote) Hour om factory, street, office bldg., etc.). Not While FUNERAL DIRECTOR: Page of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Suicide [ depth resulted from Noturo couses Accident Hom cide Undetermined monner funeral director CHIEF MEDICAL EXAM NER prior to 72. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE 2 DEPUTY MEDICAL EXAMINER Health Address (Street city town, or county) DATE THEREO NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 0 Sep. Patricks Cemetery 67 St. Blakely, Penna 24 FUNERA, DIRECTOR VR A15ME (5) 6M 1767 Tarring Funeral Home. Aberdeen. Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1249 requires that the death certificate be executed within 24 haurs after\_death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY a. STATE hours after MARYLAND campletely filled in by the Pages papers Pages CLENGTH OF STAY IN 15 autside carparate limits, write RURAL and give nearest town) CITY OR TOWN (If autside carparate write RURA, and give negrest tawn XXXXXXX Churchville d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Route Box [1] YES X NO NAME OF 4 DATE First Day Year DECEASED OF DEATH Type or print SEX 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH remove last birthday Manths Hours DIVORCED Sep. 1876 WIDOWED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done during mast of working life, even if retired) INDUSTRY COUNTRY? Harford Co., Maryland Farm Farmer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending phy John Thomas Mitchell Eliza Bunce 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service 362+A. Mrs. Charles Elv. Aberdeen. Md. 17-36-4 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY. ONSET, AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS! PERFORMED? far use NO IX 20g ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Nat While factory, street, affice blda, etc.) ai wark at work 21. I certify that (I) (this haspital) attended the deceased from. , 19\_\_\_\_, that (I) (we) last director, page 3 shauld shauld be filed with the < 1967, and that death occurred at 1969 M, from couses and an the date stated above. saw the deceased alive on Ac. 27 220- SIGNATURE-22b. DATE-SIGNED DIRECTOR M.D 22d. ADDRESS PHYSICIAN'S NAME (Type) J. Ralph Horky M.D. Churchville. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (State) BURIAL, CREMATION (County) Bel Air, Maryland Calvary Meth. Cemetery. RECORY REGISTRANCE 7256 24. PUNERAL DIRECTOR Aberdeen, DATE Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12488 72495 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral PLACE OF DEATH o COUNTY o. STATE b. COUNTY MARYLAND LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) CITY OR TOWN (If autside camparate imits. write RURAL and dive nearest town) e IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO IX 05 YES NAME OF 4 DATE Doy Lost Year DECEASED OF DEATH (Type or print) SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** remove birthdov) Months Dovs Hours March 1910 WIDOWED 100 US., AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) New York Govt. Rochester. Occupational Health 13 FATHER'S NAMETPechnician 14. MOTHER'S MAIDEN NAME cremation, or remayal, the attending phys Katherine Moran (D) Michael G. Moran WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) Street, Maryland 293-01-7960 Ruth W. Moran, Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (o) signed by 1011 **DUE TO** piglottic fold & certical Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO far 200 ACCIDENT WAS UNDERLYING [] 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at wark at work Page 4 may be retained by 21. I certify that (I) (this hospital) attended the deceased from M. from couses and on the date stated above. 19 and that death occurred at\_ saw the deceased alive on. 22o. SIGNATURE 22b DATE SIGNED director, page 3 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S HAVRE d. GRACE GRIGOLEI NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 230 BURIAL, CREMATION. (Stote) REMOVAL (Specify) 19 Sep. Baltimore National Cemetery. Baltimore 250. REC'D BY REGISTRAP 1967 25b. PHOISTRARS **EUNERAL DIRECTOR** Tarring Aftineral Home VR A15 (4) 20 M 1/66 Aberdeen, Md.





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12488 CERTIFICATE OF DEATH 12497 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH a. COUNTY n. STATE b. COUNTY MARYLAND law requires that the death certificate be executed within 24 haurs after signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carbon papers. Pages b. CITY OR TOWN (If autside carparate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside comparate limits, write RURAL and/give negrest town) write RuRAL and give negrest/town d. STREET ADDRESS IS RESIDENC INSTITUTION (If not in haspital give street address) ON A FARM YES NO DC NAME OF Last 4 DATE Month Day Year DECEASED (Type or print) 19 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Manths Haurs WIDOWED DIVORCED Jan 24 1910 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work dane 11 BIRTHPLACE (County & State or foreign country) during mast of working life, even if retired) COUNTRY? Form Mac enna. echani 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME removal, 16 SOCIAL SECURITY NO 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates at service 008-05-74 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), 2and (c) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) ONSET AND DEATH **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the hos been last 19. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELETED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X O FUNERAL DIRECTOR: After this certificate ā 20a. ACCIDENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED. (Enter\_nature of injury in Part I or Part II of item: 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (County) Haur a.m. factory, street, affice bidg., etc.) Nat While at work ot work 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred at 3. M. fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE-22b. DATE SIGNED ATTENDING PHYS STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d AD DRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) 23a BURIAL, CREMATION, 23b DATE THEREOF (Caunty) (State) REMOVAL (Specify) e5 v 1/ Suria 250. REC'D BY REGISTRAR DATE SEP 19 1 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A15 (4)

MAKILAND STATE DEPARTMENT OF REALIN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12483 12498 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ved, if institution Residence before admission) b COUNTY Harford n (OUNTY Harford o STATE Marvland MARYLAND b CITY OR TOWN ( f guitside corporate limits r LENGTH OF STAY N 16 c CITY OR TOWN ( floutside carparate imits, write RURAL and give negrest tawn) P.M3 Years Rural - Bel Air a (TESTE 3SPITABOR IN 11 6) (If not in haspital, give street address) d street address (RFD43. Box 4416) ON A FARM? Valle Road Vale Road pencl in Item 18 Give Pages NO 🚾 NAME OF First Middle Lost 4 DATE Year DECEASED William Howa rd Po ters September 67 Type or print) alang DEATH 6 COLOR OR RACE 7 MARR ED B DATE OF BIRTH 9 AGE (In years NEVER MARRIED birthday) Male Whi to April 7. 1906 WIDOWED DIVORCED 🛣 Chief Medical Examiner's Office 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Construction Floyd, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Z. Peters Ella Paters 17 INFORMANTS is ter (838\_3892) 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Add 716 Bel Air Rd. 16 SOCIAL SECURITY NO within 72 (Yes, na, prunknawn) (If yes give war or dates af service Mrs. Lillie M. Trusler 705-10-8948 Bel Air, Md.21014 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN event PART I DEATH WAS CAUSED BY burial-transit ONSET AND DEATH trun peptie ulcer MMEDIATE CAUSE (o) This certificate shauld DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO T 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.1 shauld PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth. Day. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) the funeral director rugs 5 may be retained for your fit 70 FUNERAL DIRECTOR: Page 3 (State) Heur am factory, street, affice bldg , etc.) at work at wark 21. I certify that I took charge of the remains described above, held an Autapsy nspection 🔼 Ingu ryx and in my apinian death resulted fram: Natural causes 🔀 . Accident . Suicide , Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MED CAL EXAMINER . DEPUTY MEDICAL EXAMINER Gerald C. Palmer, M.D. S. Main St., Bel Air, Nd. 21014 NAME 'Type: 230 BURIA, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) Sept.16,1967 Bel Air Memorial Gardens Bel Air. Harf.Co., Md.21014 25a REC'D BY REG STRAR 24 FUNERAL DIRECTOR . W. Broadwayor Williams VR A15ME 6M 1/67 Bel Air, Maryland 21014 Joseph William Foster

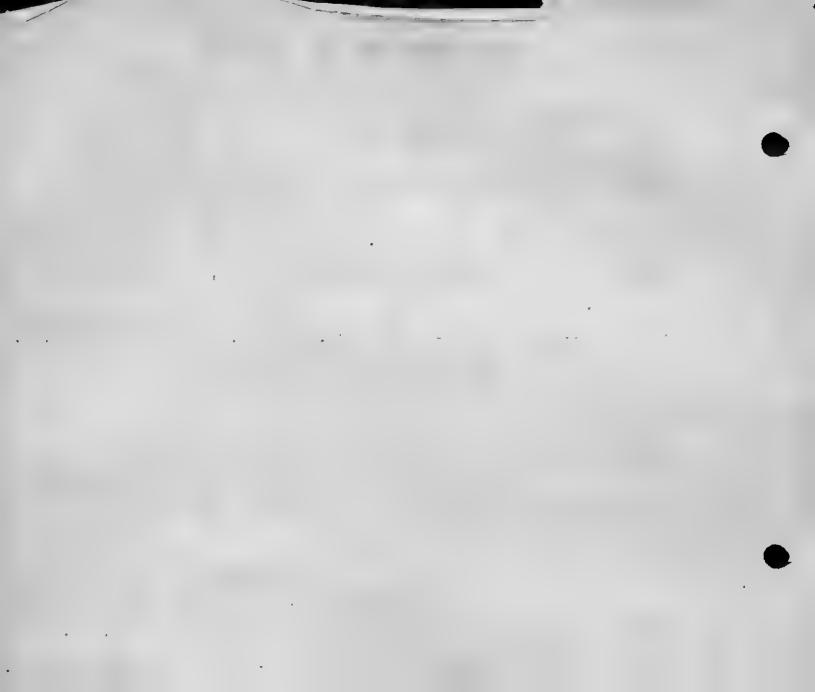
I ELLV -· rr

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 72499 requires that the death certificate be executed within 24 hours after death. puo y the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY HARFORD a. STATE MARYLAND **b.** COUNTY filled in by the functional papers. Pages 1 c HARFORD MARYLAND b. CITY OR TOWN (If outside carparate limits, A BEYONG RURAL and pays nearest town) C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 5 Days EDGEW OD ARSENAL. Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) B IS RESIDENCE ON A FARM? d. STREET ADDRESS filled KIRK ARMY H SPITAL 6522 A HAWTHORNE Dr. YES NO DO n any event, with 3 NAME OF 4. DATE Last Month Day Year First campletely (Type or print) INF FEMALE Gina Marie PITT SEP 67 19 DEATH IF UNDER 24 HRS 6 COLOR OR RACE Z. MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED [75] last birthday) Months FEMALE CATI 31 AUG 67 and in any WIDOWED DIVORCED puo 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) TOB. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? attending physician permit. Then please HARFORD CO NTY . Md. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar removal, ALPHONSO PITT GEORGINA MELENDEZ 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) GEORGINA PITT CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY:

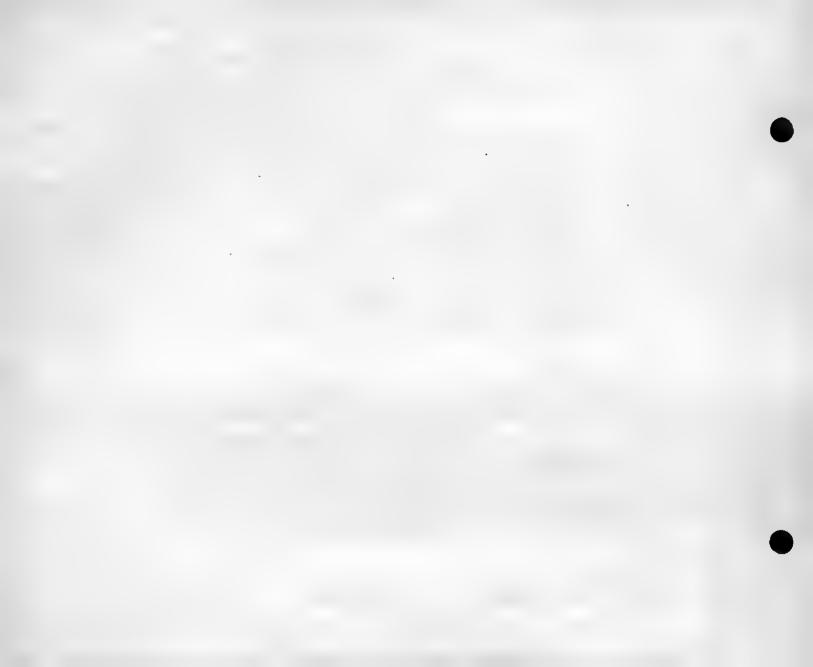
CARD LAC ARREST INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) SEPSIS DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause be retained by the haspital or attending be detached far use as the State Dept. af Health priar to PHYSICIAN: The law 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) ERYTHROBLASTOSIS NO FIX YFS . O FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c TIME OF INJURY Month, Day, Year AED WED factory, street, affice bldg., etc.) Not While TO HOSPITAL OR ATTENDING at wark 21 | certify that (1) (thacker and attended the deceased from 31 AUG 67, 19 67, to 5 SEP saw the deceased plive an SEP 19 67, and that death accurred at 0.15 M. from causes of , 19\_67 that (I) (WWF last director, page 3 shauld shauld be filed with the , and that death accurred at 2015 M, fram causes and on the date stated above. 22b, DATE SIGNED 5 SEP 67 22a. SIGNATURE MED DIRECTOR KIRK ARMY HOSPITAL, APG, Md. 22c. PHYSICIAN'S RICHARD H. HELLER CPT MC NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (State) (County) Puerto Rico REMOVAL (Specify) Bayamore. National (emetery 24. FUNERAL DIRECT 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATISEP 15 Perryville, Maryland. Patterson & Son 25M 1/67



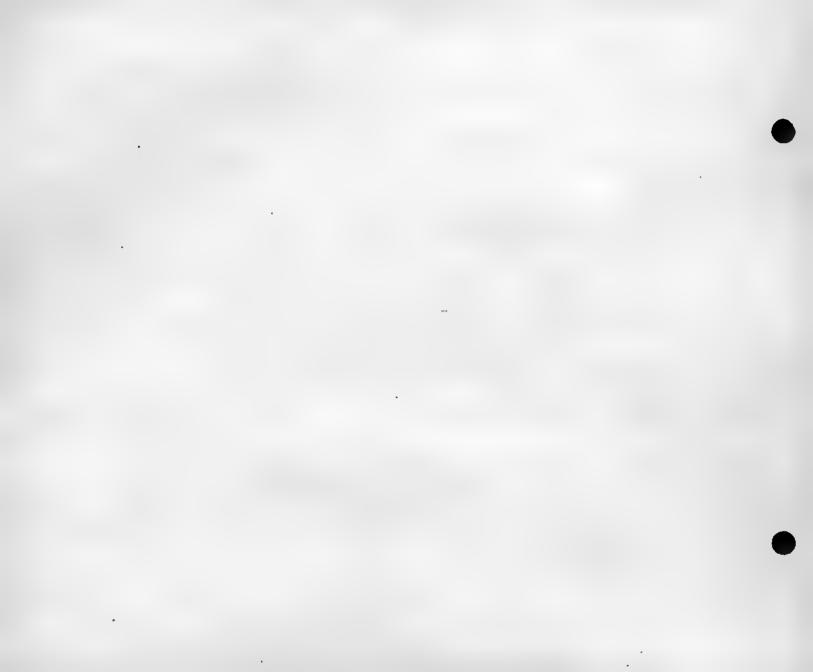
21084



	1	MARYLAND STATE DEPARTMENT OF HEALTH
12		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MA		12492 CERTIFICATE OF DEATH
r death funeral ond 2		COUNTY HAR FORD MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY 6 TRK
OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after be retained by the haspital as attending physician.  NRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fures a should be detached for use as the burial-transit permit. Then please remave (arbor papers Pages I ed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after	4	c (ITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
filled in E pagers	7	I NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give, street, address) d SIREEL ADDRESS   e IS RESIDENCE ON A FARM?  YES NO
d within 2 confidence of the c		NAME OF DECEASED VILSON LEROY REYNOLDS OF DEATH 9-17 1967
AN: The law requires that the death certificate be executed of attending physician. It is a seen signed by the attending physician and complicate has been signed by the attending physician and complicate as the burial-transit permit. Then please remave Health priar to burial, cremation, ar removal, and in any even	5_/	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (In years buthdoy) Months Doys Hours Min
ite be ex rian and ease rem and in an	dien	USUAL OCCIPATION (Give kind of work done INDUSTRY INDUSTRY CIVIL SETUCE INDUSTRY & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY & Stote, or foreign country)
certificate be g physician o finen please moval, and ir		EATHER'S NAME CALSWORTH REYNOLDS 14. MOTHER'S MAIDEN NAME MARGIE HEPPS.
ne death cei attending p permit. The	15 (Yé	WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO.  17. INFORMANT  Address  Address  Address  Address  Address  Address  ACTION OF THE STATE OF THE
nat the n. y the a snsit pe ematio		18. CAUSE OF DEATH (Foter only one couse per Imperior (a), (b), prid (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  The country of the course per Imperior (a), (b), prid (c).)  INTERVAL BETWEEN  ONSET AND DEATH  CONSET AND DEATH  CONSET AND DEATH
equires that th physician. signed by the burial-transit i		Canditions, if ony, which gave is to immediate couse (a).  DUE TO Agriced Hemolytic Anemia ?
law required to the perior to be in the be in the be in the below the interpretation the interpretatio		stating the underlying cause (c)
t: The law ratending or attending the has been use as the calth priar to	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO
rSICIAN aspital o certificat hed far st. of Hec	AL CERTIFI	206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creasing the control of the	MEDICAL	20r TIME OF INJURY Month, Doy, Year Hour a.m.  p.m. 19 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg-etc.)  19 20f. (City or town) (County) (State)
TENDII ined by OR: Aft ould by		21. I certify that (1) (this haspital) attended the deceased fram 9 - 12, 19 4, that (1) (we) last saw the deceased alive an 1 - 12 1, and that death accurred at 4 M, fram causes and an the date stated above.
OR ATTENI be retained bIRECTOR: A ge 3 should led with the	-	- there ( GROW) M.D. ATTENDING MED. DIRECTOR   STAFF   9/17/6)
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil		NAME (Type) Litural C. Loo, M.D. Have alyrace, and
TO HOS		TEMOVAL (Specify) SELD-71, 1957 MT, NEBO DELTA, VORK CO. PA.
VR A15 (4)	2	ADDRESS 250. REGISTRAR 196 750. REGISTRAR SIGNATURE



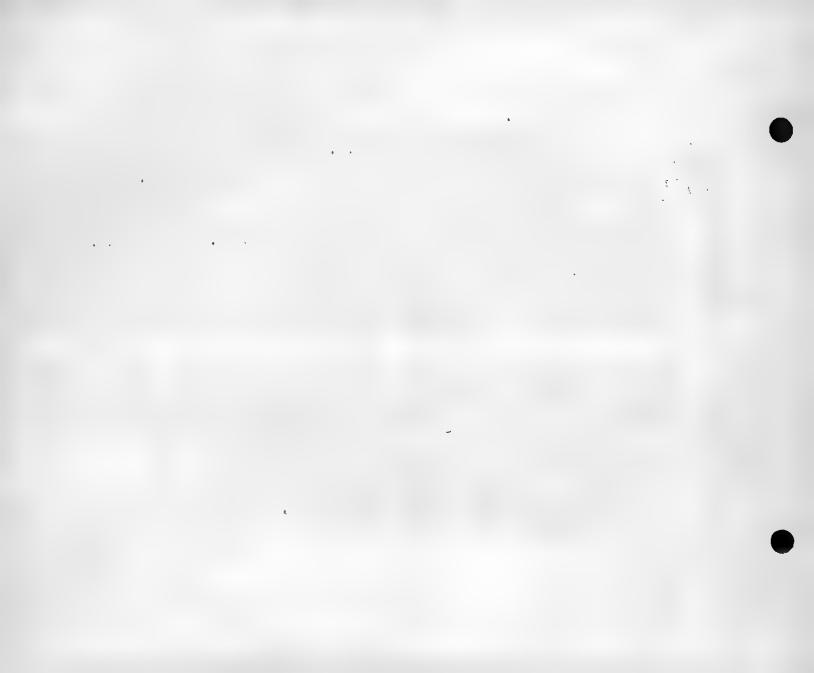
1	MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORDS, 30	E <mark>PARTMENT OF HEALTH</mark> DI W. PRESTON STREET, BALTIMORE, MARYLANI	D 21201
(6.3)	12493 CERTIFICAT		12502
funeral land	PLACE OF DEATH  O. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institut on R o STATE b. COUNTY  Mary land b. COUNTY	Residence before admission)
executed within 24 haurs after death a completely filled in by the funeral move affice appers. Pages 1 affal iny event, within 72 haurs after death	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hauxe-de-Grace  d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	CCTY OR TOWN III colored corporate limits, write RURAL of Baltimore	13
n 24 h	Brevin Marsing Home 421 Union Ave	LOOL I D- D- D3 3	e. IS RESIDENCE ON A FARM? YES NO A
law requires that the death certificate be executed within nding physician. been signed by the attending physician and campletely fills the burial-transit permit. Then please remaye artifoa point to burial, crematian, ar remayal, and in any event, with	3 NAME OF DECEASED (Type or print) Harry L Middle	Lost OF OF DEATH 9	13 19 67
ond camp remove	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Oct 7, 1880 (St Arthdox) Mo	UNDER I YEAR IF JNDER 24 HRS unths Doys Hours Min
ite be cian an cian an and in a	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). INDUSTRY	BIRTHPLACE (County & State or foreign country)  Paltry or e 172	United States
certifica physic hen plannaval,	13. FATHERS NAME Charles Joshua Robinson	11. MOTHERS MAIDEN NAME Elfon Virginia Burc	W
death death mit. T n, ar rer	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Linknown) (If yes give wor or dotes of service) 220—111—0018	address A. A.	
that the death certificate to an. by the attending physician transit permit. Then please cremation, ar remaval, and	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  A CLERO  A CLER	Decompensation Clino	interval between onset and peath
equires that the death certificate be ex physician. signed by the attending physician and burial-transit permit. Then please rem burial, cremation, ar remaval, and in an	Conditions, if only, which gove ) OUE TO A S. C. 1/	.D. "Class TV, D	2-3 years
law requality phage of the property of the pro	rise to immediate couse (a), stating the underlying couse lost.		V
IAN: The law rall ar attending licate has been far use as the Health priar ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING (AUSE OF DEATH	. (Enter nature of injury in Port I or Port II of item 18.)	
tG PHYSIC the haspi ir this certi detached ite Dept. a		ACE OF INJURY (Home, farm, ctary-street, affice bldg , etc.)	(County) (State)
rending ned by OR: After ould be the Stat	21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive an	at death accurred at 9:44, M, fram causes and	, 1967 that (1) (we) las an the date stated above
OR ATTENDING be retained by the DIRECTOR: After 1 ge 3 shauld be d ged with the State	220 SIGNATURES CONTROLL A	A.D. PHYS DIRECTOR DISTAFF DIRECTOR DIRECTOR	22b. DATE SIGNED
	221 PHYSICIAN'S NAME (Type) Eduded C. Loo M.	22d. ADDRESS dure de Gracc	· , and .
TO HOSPITAL Page 4 may TO FUNERAL director, page should be fi	230. BURIAL, CREMATION, PARTIE THEREOF PARTIE PROPERTY OF SEMOVAL (Specify) 9/14/67 Druid Ridge	e Cemetery Pikesville, M	
VR A15 (4)	24. FUNERAL DIRECTOR  A0001451		RAR'S SIGNATURE
20 M 1700	IN IN I WATERLE TOND VE UTAL	-/   WIST-P / 1001 /	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12503 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY Harford Maryland Harford MARYLAND b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 c CITY OR TOWN (f outs de corporate l'mits, write RURAL and give nearest fown) 2, ond PM3 Bel Air 30 vrs. Bel Air d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENCI tate Del hours icote, writing the ward pending in pencil in Item 18 Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with form ON A FARM? Rt. 1. Box 192 none YES THE NO This certificate should be executed within 24 hours after death 3 NAME OF First. Middie Lost 4 DATE Month Doy Year DECEMSED LACY VON 12 muthin RUDD September 19 67 (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** White 78 vrs Dovs Hours Male WIDOWED Dec. DIVORCED 1888 event, 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Agriculture COUNTRY? Tazewell Jo. Va. Farmër IISA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ξ Ann Simpson John R. Rudd guq 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Bel Air, Md (Yes, no, or unknown) (If yes give wor or dates of service removal, 213-40-1312 Mattie Figsby Kudd, Rt. 1, Box 192 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Terioscles-utic ONSET AND DEATH 10 IMMEDIATE CAUSE (o' cremation, DUE TO Conditions, if only, which gove nse to immediate couse (a). DUE TO stating the underlying cause 0 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY PERFORMED? the certificate. NO 20o EXTERNAL CAUSE WAS designated ogent, prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Port or Port II of item 18) 3 should PRIMARY I or CONTRIBUTING I should **EXAMINER:** CAUSE OF DEATH 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. foctory, street, office bldg , etc ) moy be retained for your FUNERAL DIRECTOR: Page of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🗜 Inquiry (4), and in my ap n on death resulted from. Natural causes . Accident . funeral director Suicide . Undetermined manner Hamicide | be retained BelA CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY Sept.13.1967 Mealth or DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** Gerald C. Palmer Address (Street, city, town, or county) NAME (Type) the 23o BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 0 REMOVAL (Specify)
Burial Welcome Home Cemetery Bel Sept.15,1967 Md 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME DATE SEP Howard K. NcComas & Son, Abingdon, Nd.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12504 and campletely filled in by the funeral remaye carben papers. Pages 1 and 2 remaye carben agree death. law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH o. COUNTY O. MALE b. COUNTY Harford filled Pages Pages ithin 72 haurs after d Harford MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If guitside carporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Havre d 37 Days Aberdeen Grace. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS d STREET ADDRESS 515 Edmund St. Citizens Nursing Home, Havre de Grace.Md within YES NO X Middle NAME OF Lost 4 DATE First Day Year DECEASED OF DEATH 1967 Alverta Annie Scott Sept. (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED buthdoy) Months Davs Hours Colored Female. 10-15-81 DIVORCED and in any WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY Perryman. Md. M. netw. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. the attending phys INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor or dotes of service 215-48-6910 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), signed by the burial-transit p ONSET AND DEATH PART DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. 3000 DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? CERTIFICAT ON NO B YES F ĮQ. 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or town) (Stote) 20e PLACE OF INJURY (Home, form, (County) TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Not While of work 9 9/15 , 1967, that (1) (we) last 2). I certify that (I) (this haspital) attended the deceased fram. 1957, 10 19 67, and that death accurred at 21304 M, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE ATTENDING  $\mathbf{z}$ M.D. PHYS DIRECTOR PHYS. r, page 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 569 Revolution directar, should 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREO 23d 10CATION (City or Town (State) 23a BURIAL CREMATION. (County) REMOVAL (Specify) una 2Sq. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DATESF 20 M 1/66



**************************************	Division of STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARY!	LAND 21201
- (2)	12496 CERTIFICATE	OF DEATH	12505
de d	1. PLACE OF DEATH  o. COUNTY  Harford  maryland	2. USUAL RESIDENCE (Where deceased lived, if institution. STATE Maryland 6 COU	NTY (ecif
n 24 haurs aff lled in by the papers. Pages in 72 haurs aff	b CITY OR TOWN (if outside corporate limits, write RURAL and give neorest town)  Have de Grace  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)  Hanford Memorial Hospital	C CITY OR TOWN (If autside corporate limits, write RU  Runal - Pont Depo	e IS RESIDENCE ON A FARM?
be executed within 24 and campletely filled remove carbon paper in any event, within 77	3. NAME OF DECEASED (Type or print)  S SEX  6. COLOR OR RACE  7. MARRIED   B	lost birthday)	th Day Year  Sept. 1, 19 67  IF UNDER YEAR IF UNDER 24 HRS. Manths Days Hours Min
ertificate be exe physician a=1 c nen please remo	M (au. WIDOWED DIVORCED DIVORCED DIVORCED US US ALL OCCUPATION (G ve kind af work done during most warking the event retired)  WIDOWED DIVORCED US DIVORCED US CONTROL OF BUSINESS OR US INDUSTRY US Postal Depart.	April 5, 1911 56 yrs  11 BIRTHPLACE (County & Stote, or foreign country)  New Jersey	12 CITIZEN OF WHAT COUNTRY?
certific phys hen p	13. FATHER'S NAME Louis B. Sentman	14. MOTHER'S MAIDEN NAME Anna Barken	
ie death ce att∎ndag i ∏ermit. Th	(Yes, na, py unknown) (If yes give words dotes af service) 220-18-4068 A	FORMANT Ima A. Sentman, Pont Depo	ssit, Md.
equires that the physician. signed by the burial-transit burial, cremat	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (o), storting the underlying cause lost  (c)  OUR TO  Cause of DEATH (Enter only one couse per line for (a), (b), and (c))  DUE TO  (b)  DUE TO  Canditions, if any, which gave rise to immediate cause (o), storting the underlying cause lost	1- FibriHar- so	INTERVAL BETWEEN ONSET AND DEATH  IONIA.  INTERVAL BETWEEN
YSICIAN: The law range ospital ar attending certificate har been hed for use as the bit of Health priar to the law of the law ospital or law ospi	PART II OTHER SIGNISICANT CONDITIONS CONTRIBUTING TO DEATH RUE NOT RELATED TO THE	TE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	GR CONTRIBUTING CAUSE OF DEATH	Enter nature of injury in Port I or Port II of item 18.)	(6 t )
	Hour o.m. p.m. 19 White Not While of work	E OF INJURY (Hame, form, ry, street, affice bldg., etc.)	(County) (State)
OR ATTENDING be retained by th INRECTOR: After ge 3 should be	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1907, and that 22a. SIGNATURE	death accurred at M., fram causes	and an the date stated above
	22c PHYSICIAN'S NAME (Type) G. H. Richards Jn. M.D.	Pant Deposit, Nd.	
TO HOSPITAI Page 4 may TO FUNERAL director, pa		metery Port Depos	
VR A15 (4) V	24 FUNERAL DESERVATION OF LEE A. atterson & Song Perryville, 1		Michaelas Judge

1 .



1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
1		12498 CERTIFICATE OF DEATH	12567
er death		PLACE OF DEATH O. COUNTY  ARTER OF DEATH O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution R O. STATE  MARYLAND  ARYLAND	
n 24 haurs after death		b. CITY OR TOWN (If outside corporate limits, write RURAL or write RURAL and give negrest town)  A RESERVED TO WASTITUTION (If not in hospital, give street oddgess)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL or MARKE OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddgess)  d. STREET ADDRESS	
fulled in papers	1	HARFIRD MEMORIAL HOSPITAL Old YORK ROAD	e IS RESIDENCE ON A FARM? YES NO
ecuted within completely from ove carbon y event,	3.	NAME OF DECEASED (Type or print)  SEX  6 COLOR, OR RACE  7 MARRIED  NEVER MARRIED  NEVER MARRIED  18. DATE OF BIRTH  9. AGE (IN yeors)  IEU  19. AGE (IN yeors)  11. DATE  Month  OF DEATH  9. AGE (IN yeors)  11. DATE  11. DATE  Month  OF DEATH  9. AGE (IN yeors)  11. DATE  Month  OF DEATH  9. AGE (IN yeors)  11. DATE  Month  OF DEATH  9. AGE (IN yeors)  11. DATE  Month  OF DEATH  9. AGE (IN yeors)  11. DATE  Month  OF DEATH  19. AGE (IN yeors)  11. DATE  MONTH  OF DECEASED  NEVER MARRIED  NEVER MA	Doy Year 13 19 6 7 NDER I YEAR   IF UNDER 24 AIRS
and cam	100	WIDOWED DIVORCED 6/28/1886 Solve Intridoy) Moi	nths Doys Hours Min
ate be ician c lease and ii	dur		12 CIT ZEN OF WHAT COUNTRY? U.S.A.
physinaval,	13.	FATHER'S NAME  Nicholas Howard Troyer  Anna Rebecca Melvin	
e death certificate t attending physician permit. Then please an, ar remaval, and	75 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO  17. INFORMANT  2026 W. ASSEC  18 SOCIAL SECURITY NO  17. INFORMANT  2026 W. ASSEC  2026 W. A	
equires that the physician. signed by the burial-transit purial, cremati		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  Outsicus from, which gove rise to immediate couse (o), stoling the underlying couse  DUE TO  DUE TO  DUE TO	INTERVAL BETWEEN ONSEL AND DEATH
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rSICIAN: aspital al certificate hed far ut. af Hea	IL CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
NG PHY the hy the his er this e detact	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.  p.m. 19  20d INJURY OCCURRED Volume of While of work o	(County) (Stote)
TENDIII ined by med by med by med by the St		21. 1 certify that (1) (this haspital) attended the deceased fram. 3, 1967, ta 3, saw the deceased alive an 7-13 1967, and that death accurred at 1150 M, fram causes and	, 19_6. That (I) (we) last an the date stated above.
OR AT		Cles Geywest M.D. ATTENDING MED. STAFF PHYS.	2b DATE SIGNED /
PITAL may   ERAL D		22c. PHYSICIAN'S NAME (Type) A.W. GRIGOLEIT 22d ADDRESS Have de Grace	/ /
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECT Girector, page 3 should should be filed with the			(County) (Store)
Un ale an O	1	4 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRA 25b. RE	ARS SIGNATURE



1 1		MARYLAND STATE DEPARTMENT OF HEALTH	a mark & barn
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MI	ARYLAND
death.	1.	PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	2508
g gag	•	a. COUNTY 6 . STATE	Mociece neithe animission)
A SE		b. CITY OR TOWN (If outside corporate limits, write AURAL and tive nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write AURAL and tive nearest town)	and give nearest town)
in by Page hours		Write RURAL and Mye nearest town)  Falliton	
24 hour filled in 72 hour in 72 hour		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS	B. IS RESIDENCE ON A FARM?
		Rural	YES NO
executed ithin and completely remove carbon any eventuality	3.	NAME OF DECEASED A First Middle T Last 1 4. DATE Month OF A	Day Year
complete carbon	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF PIRTH 9. AGE (In rears   IFUNDER 1	YEAR I FUNDER 24 HRS.
execution and control is removed.	/		Days Hours Min.
ian a	10a dur	. USUAL OCCUPATION (Give kind of work done   105. KIND OF BUSINESS OR     11. BIBTH PLACE (County & State, or foreign country)   12. CIT	TIZEN OF WHAT
ficate be e physician an please r	_	tarjuer - wark co., Theo U	7,5 —
iffica ig ph nen noval	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  (So and a string Mancal Bank	agruan
cerindin L. Tiren	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3, not or unknown) (17 yes pire war or dates of service) 1 / 10.	7 - 1
eath atte	(Ye	3, not or unknown) (If yes give war or dates of service) 64-38-2015 per erlin Tombaugh Faller	lon nul
ding physician.  ding physician.  been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and in		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
at tlian. idn. id by trans crer		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UP ACTUALLY In the services	3029
taw requires that tattending physician, has been signed be as the burial-tran in prior to burial, cre		Conditions, If any, which	3.70
alline by the property of the		gave rise to immediate	
v recendings be		cause (a), stating the DUE TO underlying cause last. (c)	
e faw atten e has se as th prid	TION.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
: The sal or ficat for u	FICA	On SAMPER WAS UNDERLYING TO AN DESCRIPTION OF THE PROPERTY OF	YES NO
PITAL OR ATTENDING PHYSICIAN: The 4 may be retained by the hospital or or, page 3 should be detached for us be filled with the State Dept. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO AUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICIA the hospi this cert detached e Dept. of		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (Coun	ity) (State)
in Plant the pla	MEDICAL	Hour a.m.  p.m.  19   While   Not While   factory, street, office bidg., etc.)	
ATTENDIN retained t CTOR: Aff should b vith the Si			Z, that (1) (we) last
short short		saw the deceased alive on 4/// 1967, and that death occurred at/////// M, from the causes and on the	
DR De L		ATTENDING MED. STAFF 7	TE SIGNED
TAL May		22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22	12 #
HOSPITAL age 4 may FUNERAL rector, pa		[:, O, play 488, 1, Sellan,	3, tole
	23a	REMOVAL (Specify)	nty) (State)
P3.01	24.	FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTBAR'S	SIGNATURE
VR A15 (4)		Witarcher Benon and SEP 18 1961 Junior	Just -
15M 4-64	-		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12500 CERTIFICATE OF DEATH 12509 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY Harford Harford MARYLAND Marvland signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carbon papers. Pages b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give necrest town) yrs. Aberdeen Aberdeen d STREET ADDRESS e IS RESIDENCI ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) Rt 2, Box 113 none YES THE NO NAME OF DECEASED Middle Lost 4. DATE First Day Year September 19 67 CHARLES PHILIP WEBSTER DEATH IF UNDER 24 HRS. AGE (in years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED TO last birthday) Months Haurs April 19,1923 and in any White Male WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working tite, even if retired) CONTRY? INDUSTRY Oxford, Pa. Realtor Rea Estate 13. FATHER'S NAME 14. MOTHER 5 MAIDEN NAME Nan Poole Joseph I. Webster 17 INFORMANT Address Aberdeen, I.d. 15 WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 213-12-8951 Eugene H. Webster J Rt. 2, Box 113. Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) **70 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. 4.101 DUE TO Canditions, if any, which gave DE NOTO nse to îm mediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIPTION FROM THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Not While factory, street, affice bldg., etc.) at work 21. I ceftify that (1) (this hospital) attended the degeneral from. I, and that death occurred at 35PM, from couses and on the date stated above. savi the deceased alive on 220 SIGNATURE 22h DATE SIGNED MED. DIRECTOR ATTENDING M.D. lirectar, page 3 shauld be filed 22d ADDRESS NAME (Type) P. Rodman, M.D. 8 Law St., Aberdeen, Md. Peter 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City ar Town) 7 23o. BURIAL, CREMATION, (State) REMOVAL (Specify)
Burlal Md Sept.16,1967 St. Ignatius Cemetery Hickory Harford 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Howard K. McComas & Son, Abingdon, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside perporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LACE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE 4:Hed d. STREET ADDRESS ON A FARM? event, within NO X YES ek NAME OF Middle Last 4. DATE Month Day Year molet DECEASED DF 1967 (Type or print) **OEATH** ACE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS last birthday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED 8. remove 7. MARRIED any and WIDOWED X DIVORCED [ 63 physician and please reval, and in a 1Db. KIND OF BUSINESS OR 1Da. USUAL OCCUPATION (Cive kind of work done) (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be during most of working life, even if retired) INDUSTRY 1. Dr leneral FATHER'S NAME MOTHER'S MAIDEN NAME removal ed by the attend transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. INFORMANT Address 17. (Yes, no, or unknwn) ( If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law ruquires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attemding plysician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating has be as th prior 1 underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hather than the standard for use of the standard to the standard than the standard the standard than the standard the standard than the standard than the standard than the standard PERFORMED? NO F YES 2Da. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) detached f te Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) be de State I factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work DIRECTOR: Af age 3 should | lied with the S retained 21. I certify that (I) (this hospital) attended the deceased from that (!) (we) last and that death occurred at 1/2 saw the deceased alive on 19 \_M, from the causes and on the date stated above. DATE SICNED 22a. SIGNATURE 22b. ě ATTENDING PHYS. MED. STAFF 2,0 M.D. DIRECTOR PHYS director, pag should be file Page 4 may FUNERAL MILESPITAL. 22c. PHYSICIAN'S **ADDRESS** NAME (Type) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 FUNERAL DIRECTOR 25b/ REGISTRAR'S SICNATURE REC'D BY RECISTRAR 24. /25a. VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12502 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 12511 HEALTH-DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Harford Harford death MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) **经验证的证据** Churchville Abardan Churchville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Aldano Road Aldino Road YES X NO Item 18. Give Pages after death. NAME OF First 4 DATE Year DECEASED 1067 Sept. WAYNE WOODRUFF (Type or print DEATH Office alang WITH S. SEX 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) White Male WIDOWED April 1926 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Welder 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? any Steel, Ashe Co., N.C. Commercial 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil This certificate shauld be executed within Annie Osborne John Woodruff pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) ar remayal. Raymond V. Woodruff, Churchville. Md. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Asphyxia due to CO writing the word crematian, DUE TO Conditions, if ony, which gove rise ta immediate couse (a), DUE TO stating the underlying cause burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS)
PERFORMED? NO XX 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY EX OF CONTRIBUTING Piped exhaust fumes into his truck CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f Churchville (State) factory, street, affice bldg., etc.) Harford at work o.m. Sept. 4 19 67 Md at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry XI, and in my opinion death resulted fram: Natural causes Accident Suicide X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Sept. 4.1967 DATE SIGNED SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Bel Air. Md. **EXAMINER'S** 5 may 10 FUNE Health Gerald C. Palmer M.D. Address (Street, city, tawn, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Sep.67 Harford Memorial Gardens. Aberdeen. Md. 2Sa. REC'D BY REGISTRAR Tarring Wineral Home VR A15ME (5) DATESEP

Aberdeen. Md.

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1 1	13	MARYLAND STATE DEPARTMENT OF MEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR SMITE	1	12512 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12512
HEALTH DEPT	1.	PLACE OF DEATH  a. COUNTY  b. COUNTY  b. COUNTY  c. STATE
essary r. Paga files. Health	-	HARFORD MANYLAND MARYLAND HARFORD
D O I		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
is ned director r your	1	HITE FORD RURAL TYRS. WHITE FORD (RURAL)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  10. IS RESIDENCE
uned for age Boar	- m	DAVIS FARM RT 136 2 mile locat. DAVIS FARM RT 136 2 MILES WEST YES NO 1
the further further the further the state of	3.	NAME OF DECEASED Lest 1. DATE Month Day Year OF DEATH SEPT 30 1967
古の日本	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours 15 UNDER 1 YEAR) IF UNDER 24 HRS.
and and 2 w		MALE   WIDOWED   DIVORCED   MARCH 21, 1926   4/ yrs. Months Days Hours Min.
1, 2, 1, 2, 3e 5 9e 5 and 2 h	10 d	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hours ages 3. Pa ges 1	13	FARMHAND, FARMING KINGSVILLE, MD. U.S.A.
24 PM PM		CHARLES F. YORK HANNAH C. BURK
form form	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address
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a in its		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH,
d be execu pencil in li ice along rial-transit		IMMEDIATE CAUSE (a) BRAIN HEMORRHAGE - CONCUSSION INSTANT
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R: This he we healice hould I, crea	CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY TO OCCURED. (Enter neture of Injury In Part I or Part II of Item 18.)  STEPPED IN FRONT OF AUTOMORY.
NET NET A 3 sl		To the most of Motomostic
Writing Writing Writing Writing	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (Stete)  While Not While (Stete)
X もも当ら/マ	- ×	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
Certificertification of sgent,		
forward between		ACTUAL Philip W. Hereman M.D. ASSISTANT MEDICAL EXAMINER   307 HICKORY DATE SIGNED SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER   BELAIR, SEPT30. 1947
DEPUTYL esse execute should be for FUNERAL is designate	1	EXAMINER'S PHILIP W. HEUMAN, M.D DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
DEP ease should FUN its de	22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)
0 g 4 0 g		BURIAL OCT. 3, 1967 SLATE RIDGE DELTA, YORK CO., PA.
VS. AISME	2:	FUNERAL DIRECTOR  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  1967 (Clearley Indiana)
5M 9/60	1	John H. Harlein, DELTA, PA. 1967 Johnster Judge

